

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		10565	10 11-30-02
RESPONSE FORMALITY REVIEW			1/6

INDEX OF CLAIMS

- Rejected
 - Allowed
 - (Through arms) Cancelled
 - Restricted
 H Not elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
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11		61		111	
12		62		112	
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37		87		137	
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41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
 staple additional sheet here
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Best Available Copy